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65779 7590 11/23/2009

**BIOGEN IDEC / FINNNEGAN HENDERSON, LLP**  
901 NEW YORK AVENUE, NW  
WASHINGTON, DC 20001-4413

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/550,961

05/17/2006

Christine Ambrose

08201.0039-00000

1436

TITLE OF INVENTION: TRUNCATED BAFF RECEPTORS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/23/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			
BUNNER, BRIDGET E		1647	435-069100			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.353).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list  
(1) the name of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**Finnegan, Henderson, Farabow, Garret & Dunner, LLP**

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**BIOGEN IDEC MA INC.**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**CAMBRIDGE, MASSACHUSETTS**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
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A check is enclosed.  
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **06-0916** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date **February 22, 2010**

Typed or printed name

**Nathaniel S. Edwards**

Registration No. **57,745**

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